



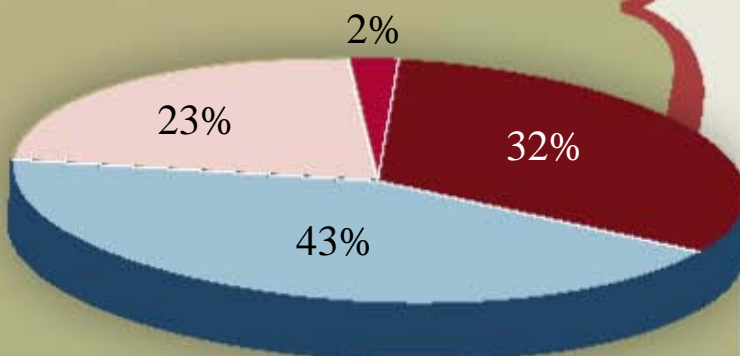
# Legislative Report

## Program Background

In 1993, Missouri enacted legislation to address several health care issues in Missouri. A major component of the legislation, section 191.411, requires the development of a plan to make health care more available and accessible to all Missouri residents. In response, the Missouri Department of Health and Senior Services established the Primary Care Resource Initiative for Missouri. Known as PRIMO, the program was designed to provide incentives to increase the number of primary care medical, dental, behavioral and nutritional health professionals and to improve health care delivery systems in areas of need within the state. PRIMO developed a pipeline approach providing incentives to encourage students from high school through graduate school to enter a health care profession. The program also addresses the needs of communities by building clinics to ensure professionals have a place in their community to practice once they have graduated.

## The four components of PRIMO include

- Health Care Delivery Systems
- Recruitment/Placement
- Student Loans
- Health Professional Loan Repayment



## PRIMO FY10 Budget \$3,716,500

Health Care Delivery	\$1,600,175.00	43%
Recruitment/Placement	\$74,725.00	2%
PRIMO Students	\$1,181,100.00	32%
State Loan Repayment	\$860,500.00	23%
<b>TOTAL</b>	<b>\$3,716,500.00</b>	

# Improving Health Care Delivery

The program seeks to improve the delivery of health care by creating economically sustainable systems that provide high quality primary care involving medical, dental and behavioral health services. The services strive to prevent, treat and manage disease, injury and disability to benefit both the individual and the community. To assist in reaching this goal, PRIMO and its sister program, the Access to Community Care Systems, or ACCS, fund the expansion or creation of new community-based health care delivery systems. This includes working directly with various statewide organizations, communities, community health centers and academic institutions. These partnerships focus on one or more of the following:

- Health care decisions that are community and citizen driven and based on the best available evidence;
- Improving availability of and access to medical, dental, behavioral, and public health services;
- Citizens and community stakeholders are informed about community health care needs and interact to sustain a high-quality health care system structure.

Many of these health care delivery systems are eligible employment sites for recipients of the PRIMO Student Loan Program, Missouri Professional and Practical Nursing Student Loan Program, State Loan Repayment Program and the National Health Service Corps Loan Repayment Program. Refer to page 6 and 7 for details about loan repayment programs and health professional incentives.

Investments made by the PRIMO/ACCS program to deliver primary health care services have become increasingly important as Missouri's overall unemployment rate briefly topped 10 percent, according to the Missouri Department of Economic Development. Eight counties currently have unemployment rates of 13.7 percent to 17.6 percent.

In state fiscal years 2009 and 2010, the PRIMO/ACCS program invested \$3,753,410 in health care delivery systems to increase access to care. The table below demonstrates the increase in patient encounters at Community Health Centers where PRIMO/ACCS has invested funding. The table also provides the percentage of patients using these health centers that meet or exceed the 200 percent federal poverty level guidelines.

Community Health Center	2008 % INCREASE IN PATIENT ENCOUNTERS	2009 % INCREASE IN PATIENT ENCOUNTERS	COUNTIES SERVED BY FACILITY	% OF PATIENTS AT OR BELOW 200% POVERTY
Samuel U. Rodgers	-0.53%	-0.72%	Carroll, Clay, Jackson, Johnson, Lafayette, Pettis, Platte, Saline	48.64%
Big Springs Medical Association dba Missouri Highlands	13.68%	18.75%	Butler, Reynolds, Carter, Ripley, Iron, Shannon	62.21%
Katy Trail Community Health	48.00%	21.44%	Benton, Pettis	79.35%
Community Health Center of Central MO	50.71%	164.77%	Cole, Osage	71.84%
Crider Health Center, Inc	27.52%	36.42%	Franklin, Lincoln, St. Charles, Warren	69.31%
Betty Jean Kerr Peoples Community Health Center	2.49%	0.04%	St. Louis City and St. Louis County	73.87%
Jordan Valley Community Health Center	22.09%	31.92%	Dallas, Greene, Webster	66.17%
Southern Missouri Community Health	-13.30%	-11.24%	Howell, Oregon	66.71%
Center dba Rural Alliance for Better Family Health				

NOTE: Patient encounter declines for Samuel Rodgers and Southern Missouri are due in large part to provider vacancies. NOTE: The percent of patients below poverty level for Samuel Rodgers is extrapolated based on reported known income levels. The actual level is likely in excess of 80 percent.

# What are Federally Qualified Health Centers?

*Missouri's health centers provide high-quality, affordable primary care and preventive services. Some centers also provide on-site dental, pharmaceutical, mental health, and substance abuse services.*

Community Health Centers are local, non-profit, community-owned health care centers serving low-income and medically underserved communities. The providers in the centers care for all patients regardless of their ability to pay. Payment for services is determined by a sliding fee scale which is based on the patients' family income and size.

Health center costs for patient care rank among the lowest. Health centers reduce the need for more expensive in-patient and specialty care, saving taxpayers millions of dollars.

Health centers serve as the medical home and family physician to nearly 374,855 Missourians through almost 1.4 million visits each year. Health center patients are among the nation's most vulnerable populations. For many patients, the health center may be the only source of health care services available.

**Community Health Centers share the following characteristics:**

- Developed for and by the local community
- Patients pay what they can for the care they need
- Cost-effective and quality care
- Governed by a community board with a patient majority
- Easy access to comprehensive primary and preventive health care
- Interventions are developed to address cultural barriers, homelessness, poverty and the environment
- Provide treatment of chronic illnesses
- Attempt to reduce racial and ethnic disparities in key areas such as infant mortality, prenatal care, tuberculosis and mortality rates
- Reduce the number of emergency room visits





# Recruitment Placement Services

*PRIMO works with organizations to assist in recruitment and placement of health professionals in underserved Missouri communities through a variety of methods.*

Key barriers to recruiting and retaining primary care professionals include Missouri's aging health care workforce, fewer physicians choosing to practice in primary care and the state's population shifts.

State, private, and academic partners continue to work together to address and identify specific needs across Missouri. Some of these organizations include: Missouri Area Health Education Centers (MAHEC), Missouri Primary Care Association (MPCA), and Missouri Hospital Association (MHA). All have been critical in addressing specific elements of the primary care workforce shortage. To facilitate early recruitment of students pursuing primary health care careers and establish clinical training opportunities in rural and underserved areas, MAHEC has established the AHEC Career Enhancement Scholars (ACES) Program. ACES offers three levels of one-on-one programs for students who wish to become primary care providers in one of Missouri's underserved counties.

PRIMO works with organizations to assist in recruitment and placement of health professionals in underserved Missouri communities through a variety of methods. One method is the use of the Practice Sites recruitment software to implement Missouri Provider Recruitment Services.

In collaboration with the Primary Care Association, providers are recruited in the fields of primary medical, dental, behavioral, and nutritional health for underserved areas of Missouri. This entails maintaining a database of providers interested in practicing in underserved areas of Missouri and also working with healthcare facilities to identify job opportunities. This service is unique to Missouri because it is available at no cost. PRIMO scholars, as well as other health care professionals, work directly with a professional recruitment and placement manager to find the practice site that is best suited for the professional and the community. This free service is made possible through a PRIMO contract with the MPCA.

The Missouri Hospital Association contributes \$500,000 each year to the DHSS for the PRIMO program. This contribution in fiscal year 2010 supported 13 residents, 13 medical students, three dental students and 12 undergraduate students.

## ACES Participation

	FY09	FY10
High School Students-ACES	230	174
Health Professional Students-ACES+	140	75

Practice Sites Opportunity & Placement Data  
State Fiscal Year 2009-2010

## Opportunity Data

Opportunity Specialty	State Fiscal Year 2009	State Fiscal Year 2010	Total
Family Practice	109	66	175
Internal Medicine	27	20	47
OB/GYN	11	10	21
Pediatrician	12	7	19
Advanced Practice Nurse	24	18	42
Physician Assistant	3	2	5
Dental Hygiene	8	2	10
Dentist	26	14	40
Psychiatry	5	6	11
Other Mental Health Professional	10	10	20
	<b>235</b>	<b>155</b>	<b>390</b>

Positions not filled are carried over to the following fiscal year.

Practice Sites Opportunity & Placement Data  
State Fiscal Year 2009-2010

## Placement Data

Placement Specialty	State Fiscal Year 2009	State Fiscal Year 2010	Total
Family Practice	1	4	5
Internal Medicine	1	3	4
OB/GYN	0	0	0
Pediatrician	2	3	5
Advanced Practice Nurse	1	2	3
Physician Assistant	0	0	0
Dental Hygiene	1	0	1
Dentist	6	7	13
Psychiatry	0	0	0
Other Mental Health Professional	0	0	0
	<b>12</b>	<b>19</b>	<b>31</b>

# PRIMO Student Loans

The PRIMO Student Loan Program is a competitive state program that awards forgivable loans to students pursuing health care training leading to Missouri licensure or registration in the following fields:

- Primary Care Physician
- Dentist
- Dental Hygienist
- Psychiatrist
- Psychologist
- Licensed Clinical Social Worker
- Licensed Professional Counselor
- Dietitian/Nutritionist

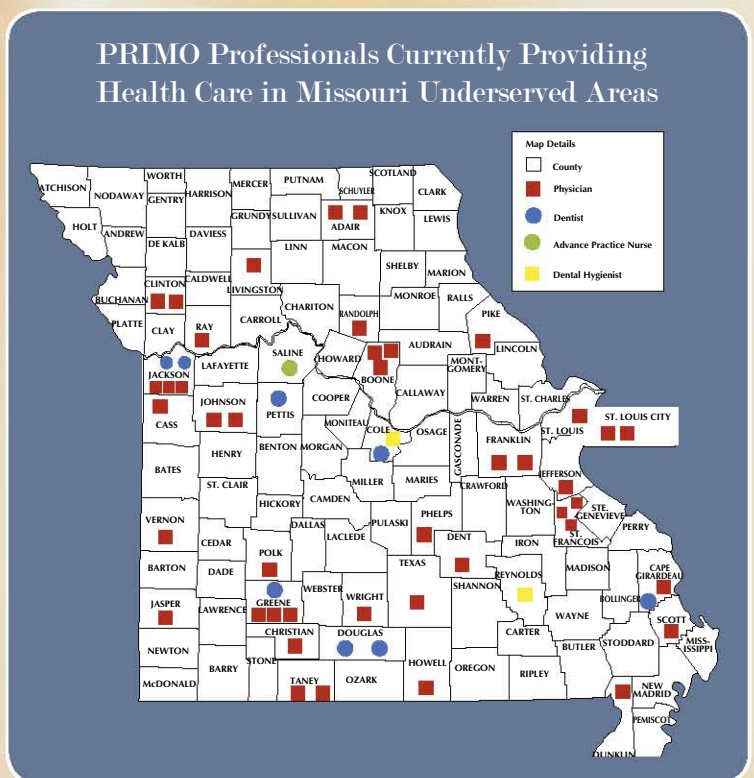
Loan amounts are based on discipline and level of degree. They range from \$5,000 to \$20,000 per year.

Loans are repaid in two ways: PRIMO Student Loan recipients can either earn forgiveness for their loans or repay them with cash. To earn forgiveness, students are required to fulfill their obligation by providing primary health care services in a DHSS-approved area of defined need upon completion of their training. The obligation is one year of qualified employment for each school year they receive a loan, with a minimum one-year obligation and a maximum five year commitment.

- A DHSS-approved area of defined need is a geographic area, facility, or a population group that DHSS has determined is experiencing a shortage of primary health care providers or

has inadequate access to health care providers. This includes those areas designated as Health Professional Shortage Areas (HPSA).

- Primary Medical Health Care Services are defined as the actual hands-on provision of direct outpatient-based primary and preventive health care services by a licensed physician specializing in family practice, general practice, general internal medicine, general obstetrics/gynecology, or general pediatrics.



## PRIMO Student Loans Fiscal Year 10

	Undergraduate	6 Yr Medical	Masters	Medical/Dental	Residency	TOTAL
Medical	15	3		28	20	66
Dental	6	0		8	0	14
Dental Hygiene	3	0		0	0	3
LPC			1			1
LCSW			1			1
<b>TOTAL</b>	<b>24</b>	<b>3</b>	<b>2</b>	<b>36</b>	<b>20</b>	<b>85</b>



# Health Professional Loan Repayment

The Health Professional Loan Repayment Program is the repayment of outstanding educational loans in exchange for providing primary health care services in areas of need in Missouri. A minimum two-year contract is required. The Department provides loan repayment to the following:

- registered and advanced practice nurses
- primary care physicians
- primary care dentists
- psychiatrists
- psychologists
- licensed clinical social workers
- licensed professional counselors
- dietitians/nutritionists

Maximum loan repayment amounts:

- \$25,000 per year for primary care physicians, dentists, psychiatrists, and psychologists.
- \$10,000 per year for primary care advanced practice nurses, licensed professional counselors and licensed clinical social workers.
- \$5,000 per year for primary care registered nurses and dietitians/nutritionists.

During fiscal year 2009 and 2010, the health professional loan repayment program provided loans to 21 health professionals to provide services in underserved communities in Missouri.



# Health Professional Loan Repayment

Recipients	FY09	FY10
Medical	2	2
Dental	4	2
Nurses	6	3
LCSW	0	1
LPC	0	1
<b>TOTAL SCHOLARS</b>	<b>12</b>	<b>9</b>

# ARRA Health Professional Loan Repayment

Recipients	FY10
Medical	4
Dental	4
LCSW	2
LPC	2
Nurses	6
<b>TOTAL SCHOLARS</b>	<b>18</b>

# ARRA Funding For Loan Repayment

The American Recovery and Reinvestment Act (ARRA), signed into law February 17, 2009, provided funding to address health professional workforce shortages. Missouri was one of 18 states to receive financial support through ARRA. This additional funding for FY 2010 has greatly assisted the state's ability to address the shortage of primary health care in Missouri. Missouri received \$300,000 to boost the number of primary health care practitioners. Missouri also made available through the PRIMO budget a non-federal match at least equal to federal funds from the Health Resources and Services Administration (HRSA). This funding provided loan repayment financial assistance for 18 health care professionals.

# Additional Federal Funding

## Population Based Model

PRIMO works with universities across Missouri to provide population-based models to assist with forecasting health professional workforce needs. The models are based upon need in a community rather than on data that reflects how many individuals are currently accessing the health care system. There are many barriers to individuals accessing health care. Recognized barriers include a lack of health care professionals in rural and economically disadvantaged communities, limited access to insurance, limited numbers of health care providers that accept Medicaid insurance, transportation challenges, language and cultural barriers. A model based on need considers the population of a community, the population's social and health demographics and

the number of available health care providers. The model then estimates the number of preventive health care visits for specific age groups, genders, and factors in the community's rate of chronic disease.

Need-based models take into account the aforementioned factors and provide a unique way of forecasting the total number of preventive health care visits needed annually. They also estimate the number of health care professionals required to provide the number of visits needed if all individuals had access to health care services.

**For more information, contact the Office of Primary Care and Rural Health (OPCRH) at 800-891-7415**